FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	Office use only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Pillsbury Wint	hrop Shaw Pittma	an LLP Political	Action Committee		1
ADDRESS (number and	street) 50 Fr	emont St.			
(Check if addre	ess	1 1 1 1 1 1			لــــــــــــــــــــــــــــــــــــــ
is changed)		Francisco		CA 94105	
			CITY▲	STATE ZIP CODE	•
committee's e-mail emily.barrett@	IL ADDRESS P pillsburylaw.com	1			ı
	<u> </u>				
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)			
COMMITTEE'S FAX N 4159831200	NUMBER	ل			
2. DATE 0 2	0 7 Y	2007 [°]			
3. FEC IDENTIFICA	TION NUMBER	C	C C00177972		
4. IS THIS STATEM	IENT NEW	(N) OR	X AMENDED (A)		
I certify that I have exami	ned this Statement and	to the best of my know	vledge and belief it is true, correct a	nd complete	
Type or Print Name of	Treasurer E	mily Barrett			
Signature of Treasurer	Electronically Filed	d by Emily Barr	ett	Date 02 / DD7 / Y	^Y 2 0 0 6
NOTE: Submission of fal			subject the person signing this Sta	ement to the penalties of 2 U.S.C. S437	g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		Democratic, epublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
	CITY▲ STATE ▲	ZIP CODE 🛦
	<u>.</u>	
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	tion
	Membership Organization Trade Association Cooperative	

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Write or Type Con	nmittee Name					
Pillsbury W	inthrop Shaw Pitt	man LLP Political Action Co	ommittee			
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name	Emily Barret	t				
Mailing Addres		50 Fremont Street				
	_	San Francisco		<u>A</u> _	94105	
Title or Position	n ♥	CITY A	STA	TE▲	ZIP COD	DE A
	Custodian of Re	cords	Telephone number	415	983	1347
3. Treasurer: L name and ac	ist the name and address of any design	ddress (phone number optionated agent (e.g., assistant tre	onal) of the treasurer of t easurer).	he commi	ttee; and the	
Mailing Addres	s	50 Fremont Street				
		San Francisco		<u>A</u> _	94105 _	
Title or Position	n ♥	CITY A	STA	TEA	ZIP COL	DE 🛦
	Treasurer		Telephone number	415	983	1585
Full Name of Designated Agent	Emily Barret	t				
Mailing Addres	s	50 Fremont Street				
		San Francisco		<u>A</u> _	94105 _	
Title or Position	1 ♥	CITY A	STA	TE 🛦	ZIP COD	E 🛦
	Assistant Treas	urer	Telephone number	415	983	1347

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9.	Banks or Other Deposafety deposit boxes of	•	ds accounts, rents
	Name of Bank, Depos	sitory, etc.	
		Bank of America	
	Mailing Address	1655 Grant Street, Bldg. A-10	
		Concord	94520

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Image# 2793013	2487
Form/Schedule: F1A Transaction ID:	Amended to remove one email address.